

STATE OF HAWAII  
BASIC BUSINESS  
AMENDED APPLICATION

U.I. No. \_\_\_\_\_

**TYPE OR PRINT LEGIBLY** (Mail the completed amended application to the Hawaii Department of Taxation. See back for address.)

1. <b>ADD</b> to application <input type="checkbox"/> General Excise (GE) <input type="checkbox"/> Transient Accommodations (TA) <input type="checkbox"/> Cigarette and Tobacco		
<input type="checkbox"/> Employer's Withholding (WH) <input type="checkbox"/> Rental Motor Vehicle & Tour Vehicle (RVST) <input type="checkbox"/> Liquid Fuel Distributor		
<input type="checkbox"/> Unemployment Insurance (UI) <input type="checkbox"/> Liquor <input type="checkbox"/> Liquid Fuel Retail Dealer		
2. Hawaii Tax I.D. No. <b>W</b> _____	3. Taxpayer's/Employer's Name _____	
4. Taxpayer's Social Security Number _____	5. Spouse's Social Security Number _____	6. Federal Employer I.D. Number (FEIN) _____
7. Physical location of business _____	Street address _____	City _____ State _____ Zip Code + 4 _____

8. If no physical business location in Hawaii, provide the name, address, and telephone number of the individual performing services in Hawaii \_\_\_\_\_

9. <b>NAICS</b> (See Form BB-1, Line 11 Instructions) _____	10. Date Business Began in Hawaii ____ / ____ / ____	
11. (a) Did you acquire an existing business? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. No. of establishments or branches in Hawaii _____	13. Date employment began in Hawaii ____ / ____ / ____
(b) If yes, was <input type="checkbox"/> all or <input type="checkbox"/> part of the business acquired?	14. No. of employees on date employment began _____	15. Date first wages paid in Hawaii? ____ / ____ / ____
(c) When was it acquired? _____ (MM/DD/YYYY)	16. If no employees, when do you anticipate hiring employees? ____ / ____ / ____	
(d) Previous owner's/business' name, dba, address, Hawaii Tax I.D. No., and UI Account No. (If you answered "No" to (a) enter N/A)		

17. License/Registration Fee, enter the appropriate information/fee based on what registration was checked on line 1, also enter the date the activity began in Hawaii:

a. General Excise (GE) (See Instructions for Form BB-1, lines 1, 31, 32 and 33) .....	Enter appropriate fee	\$ _____
b. Transient Accommodations, enter begin date ____ / ____ / ____ Check only 1 <input type="checkbox"/> \$5.00 (1-5 units) OR <input type="checkbox"/> \$15.00 (6 or more units) .....	Enter appropriate fee	_____
c. Employer's Withholding .....	No fee required	-0-
d. Unemployment Insurance .....	No fee required	-0-
e. Rental Motor Vehicle & Tour Vehicle, enter begin date ____ / ____ / ____ .....	Enter \$20.00	_____
f. <b>Total Form VP-1 Amount Due.</b> (Add items a thru e) Enter the amount here and on the "Amount of Payment" line of Form VP-1, Tax Payment Voucher. Attach Form VP-1 to this form. ....		\$ _____
g. Liquor, enter County Liquor License No. _____, effective ____ / ____ / ____ Check <input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler .....	Enter \$2.50	_____
h. Cigarette and Tobacco, check 1 <input type="checkbox"/> Dealer <input type="checkbox"/> Wholesaler (see section 245-1, HRS for definitions) ____ / ____ / ____ .....	Enter \$2.50	_____
i. Liquid Fuel Distributor, ____ / ____ / ____ check all that apply regarding what you intend to do with of any liquid fuel which will be sold or used within the State. <input type="checkbox"/> Produce <input type="checkbox"/> Refine <input type="checkbox"/> Manufacture <input type="checkbox"/> Compound .....	No fee required	-0-
Do you intend to import or cause to be imported into the State any liquid fuel and to sell the same therein? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you intend to import or cause to be imported into the State any liquid fuel for your own use? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you intend to acquire liquid fuel from a licensed distributor as a wholesaler and to sell or use the same? <input type="checkbox"/> Yes <input type="checkbox"/> No		
j. Liquid Fuel Retail Dealer, be sure to complete line 23 ____ / ____ / ____ .....	Enter \$5.00	_____
k. <b>Total Form VP-2 Amount Due.</b> (Add items g thru j) Enter this amount here and on the "Amount of Payment" line for Form VP-2, Miscellaneous Fee Payment Voucher. Attach Form VP-2 to this form. ....		\$ _____

**TOTAL AMOUNT DUE** (Add items f and k) Attach a check or money order made payable in U.S. dollars drawn on anyU.S. Bank to "HAWAII STATE TAX COLLECTOR" ..... \$  **CERTIFICATION:** The statements contained herein are hereby certified to be correct to the best of knowledge and belief of the undersigned who is duly authorized to sign this amended application.

Continue on back of this page.

Signature of Owner, Partner or Member, Officer or Agent _____	Print Name _____	Title _____	Date _____
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**DO NOT WRITE IN THIS SPACE**

UC-1 Prepared by _____	Date _____	MIFS _____	Industry Code _____	DCD No. _____
Office Code _____	Contributor Type _____	UC-1 Rec'd _____	Exempt _____	Exemption _____
Status Code _____	Status Date _____	Follow-Up _____	Approved By _____	Registrar _____
Business Type _____	Liable Date _____	Wage Rec Type _____	Other Remarks _____	

**18. Filing period for:**

- (a) General Excise Tax ..... ☐ Monthly..... ☐ Quarterly..... ☐ Semiannually  
 (b) Transient Accommodations Tax..... ☐ Monthly..... ☐ Quarterly..... ☐ Semiannually  
 (c) Rental Motor Vehicle and Tour Vehicle Surcharge Tax ..... ☐ Monthly..... ☐ Quarterly..... ☐ Semiannually

For items (a), (b), and (c): Check monthly if you expect to pay more than \$4,000 a year of taxes in the respective taxes;  
 Check quarterly if you expect to pay \$4,000 or less a year in the respective taxes; or  
 Check semiannually if you expect to pay \$2,000 or less a year in the respective taxes.

- (d) Employer's Withholding Tax..... ☐ Monthly..... ☐ Quarterly  
 Check monthly if you expect to pay more than \$5,000 a year in withholding taxes; or  
 Check quarterly if you expect to pay \$5,000 or less a year in withholding taxes  
 (e) Unemployment Insurance Contributions ..... ☐ Quarterly (This must be filed on a quarterly basis)  
 (f) Liquor Tax ..... ☐ Monthly (This must be filed on a monthly basis)  
 (g) Cigarette and Tobacco Taxes ..... ☐ Monthly (This must be filed on a monthly basis)  
 (h) Liquid Fuel Taxes ..... ☐ Monthly (This must be filed on a monthly basis)

- 19. Accounting period, check only 1** ☐ Calendar Year (The 12-month period from January 1 to December 31.)  
☐ Fiscal Year ending \_\_\_\_ / \_\_\_\_ (A 12-month period ending the last day of any month other than December.)

- 20. Accounting method, check only 1** ☐ Cash (Report income in the period when it was actually or constructively received.)  
☐ Accrual (Report income when you earn it, whether or not you actually receive it.)

- 21. Do you qualify for a disability exemption?** ☐ Yes ☐ No If yes, Form N-172 must be completed and submitted before the \$2,000 exemption of gross income of any blind, deaf, or totally disabled person and rate of 1/2 of 1% on the remaining gross income can be allowed.

- 22. (a)** List by island the address(es) of your rental real property (e.g., land, building, apartments, condominiums, or hotels or other transient lodging).  
**(b)** List by island the address(es) of your rental motor vehicle and/or tour vehicle business locations.  
**(c)** If a transient accommodation (TA) or a rental motor vehicle or tour vehicle (RV) business location, place a check mark in the appropriate column on the right.  
**(d)** Attach a separate sheet of paper for additional listings.

	Check	Check
ADDRESSES	if TA	if RV

- 23. For the Liquid Fuel Retail Dealer's Permit, list separately each branch or place of business (Attach a separate sheet of paper if more space is required)**
- |                |        |
|----------------|--------|
| Street Address | Island |
|----------------|--------|

**24. Name of Parent Corporation**

**25. Parent Corporation's FEIN**

**26. Parent Corporation's Mailing Address**

**MAILING ADDRESSES & TELEPHONE NUMBERS**

**Hawaii Department of Taxation**

P.O. Box 1425  
 Honolulu, HI 96806-1425  
 Telephone: (808) 587-4242  
 Toll Free: 1-800-222-3229

**Department of Labor and Industrial Relations  
 Unemployment Insurance Division**

**OAHU & MAINLAND**  
 830 Punchbowl St., #437  
 Honolulu, HI 96813  
 Telephone: (808) 586-8913  
 (808) 586-8914

**MAUI**  
 54 S. High St., #201  
 Wailuku, HI 96793  
 Telephone: (808) 984-8410

**HAWAII**  
 777 Kilauea Ave., #122  
 Hilo, HI 96720  
 Telephone: (808) 974-4086

**KAUAI**  
 3100 Kuhio Hwy C12  
 Lihue, HI 96766  
 Telephone: (808) 274-3025

**DO NOT WRITE IN THIS SPACE**

Type	Number	Date Issued	Effective FYE
Liquor Tax Permit			
Cigarette Tax and Tobacco Tax License			
Liquid Fuel Distributor's License			
Liquid Fuel Retail Dealer's Permit			